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These cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write R "Syr. Hypophos. Co., (Fellows)."

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Medical Letters may be addressed to

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*And Where Nature fails to make Good Blood,
WE CAN INTRODUCE IT.*

BOVININE is Bovine Blood Unaltered from the Arteries of the Bullock;
The Universal Auxiliary of Modern Medicine and Surgery,
and the TRUE "ANTITOXIN" of Healthy Nature.

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Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient's alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

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Try it per rectum, when the stomach is entirely unavailable or inadequate.

Try it by subcutaneous injection, when collapse calls for instantaneous blood supply—so much better than blood-dilution!

Try it on Chronic Ulceration, in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and finality.

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Try it on anything, except plethora or unreduced inflammation; but first take time to regulate the secretions and functions.

Try it on the patient tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

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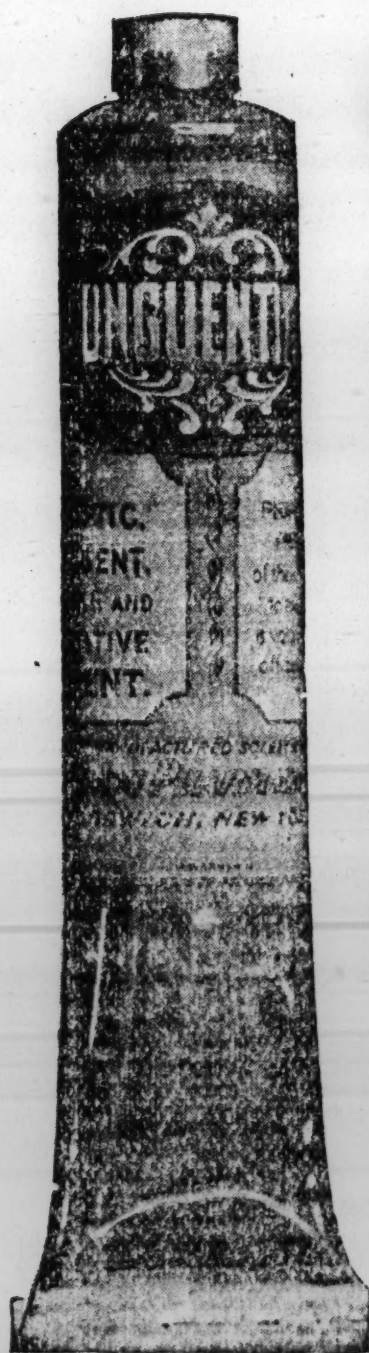
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And all cases where inflammation or congestion is a factor.

Put up in ½, 1 and 2-pound cans. Retail price, 50c, 75c and \$1.25 respectively. Upon receipt of 25c (to pay expressage) from any practicing physician, a 1-pound sample can, with literature, will be sent free.

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California Medical Journal.

PUBLISHED BY THE CALIFORNIA MEDICAL COLLEGE.

Dr. C. N. Miller, Managing Editor.

\$1.50 per Year: Single Copies 15 Cents.

Let all Communications be addressed, and money orders made payable to the
CALIFORNIA MEDICAL JOURNAL.
1422 Folsom Street, San Francisco.

Entered at the San Francisco Post Office as Second-Class Matter.

Contents.

Page	Page
The Corset—Thereby Hangs a String..293	Wm. S. Merrell, A. M., M. D.....309
Rhinolyth or Nasal Calculus.....296	A Bigger One.....311
Rhus Poisoning.....299	Single Remedies.....133
Gonorrhœa.....300	Alumni and Personals.....316
Tuscau Springs.....301	Editorial.....317
Eclectic and the Lower Case "e".....303	Publishers Notes.....321
Pemphigus Neurotico-Traumaticus.....304	"The Crucible".....324
Maclean Hospital Reports.....306	Book Notes.....325

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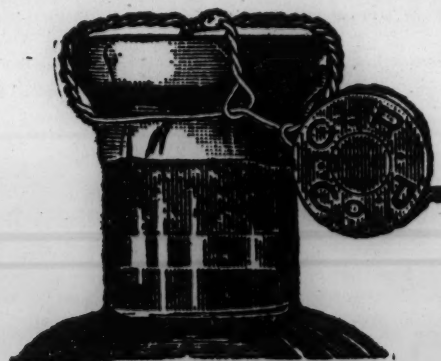
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California Medical Journal

VOL. XIX.

San Francisco, California, November, 1898.

NO. II

The Corset—Thereby Hangs a String.

BY C. N. MILLER, M. D., San Francisco, Cal.
(Written for the *Chicago Medical Times*)

"In spite of pride, in stupid reason's spite,
One truth is clear, whatever is is right."

"A rag, a bone and a hank of hair" would be more complete as a definition of woman if it included a corset. This well-abused article has been a part and parcel of woman's make-up time out of mind; and reading the future from between the lines on the pages of the past, we may fairly conclude that the corset has come to—stay. To it in some form or other woman ever clings, and the cling is mutual.

We are taught, however, that the corset is an implement of torture, a direct cause of much debility and chronic invalidism; that it cramps and displaces vital organs, distorts the loveliness of the female figure, and per consequence, that it should be at once and forever abandoned. Yet the sale of the corset year by year is by nothing decreased.

So far as I am aware, woman's excuse for her strange perversity in wearing

the so-called thing of evil is mainly summed up in that brief but usually effective feminine argument—"because," and yet such general and persistent use in spite of the many woeful warnings would seem to indicate that there must be very good reasons for its tolerance.

That the corset is not wholly destructive in its effects any one must admit who will stop to recall the visions of rosy cheeks, sparkling eyes, well rounded figure, exuberant vitality, energy and vivacity that are seen many times every day snugly enveloped in a neatly fitting corset.

Beauty, or health, for the terms are almost synonymous, depends upon the normal activity of all the vital organs, but especially so of the liver. With that organ congested and inactive, it matters not how careful the hygienic and dietetic habits may be, languor,

dull eyes, muddy complexion, and lack of life and ambition will result. The food is not promptly digested and vitalized, absorption is not normal, peristaltic action is feeble, prompt removal of residual portions of food is prevented, and auto-infection takes place from poisons generated within the body.

But with an active and healthy liver, it matters but little how faulty the habits or hygienic conditions, it will be hard to disturb the health. There is no semi-digestion with its resulting products of carbon dioxide, vinegar, alcohol, yeast and other retrograde substances to be absorbed into the blood stream. The food is promptly reduced and vitalized, fermentation and flatulence are wholly prevented, perfect asepsis of the intestinal tract is secured, and the regular and prompt freeing of the tract of all residual matter is maintained.

Now it happens that the liver and the corset are hand and glove in their relationship, and the liver does not suffer because of this friendship, but from the gentle caressing it receives is all the better prepared for its duties. It is a large and bulky organ, composed of millions of minute secreting cells gathered into tiny little bunches, and everywhere it is pierced and tunnelled and permeated with numerous tubular vessels; arteries, veins and ducts, tubes within tubes, and systems of tubes, channels and pipes. This intricate and delicate mechanism is liable to become clogged, congested, and consequently torpid. To unclog this wonderful maze of ducts when they are stopped, and to set the machine properly running

again is the effect, if not the office, of the gentle squeezing the organ receives from the friendly corset.

Recently, a man with symptoms of "liver complaint" presented himself to me for treatment. He had the characteristic yellow coated tongue, bitter taste in his mouth, nausea, headache, constipation, feverishness, dull heavy pain in right side, loss of appetite, hot flashes, noises in the ears, specks before the eyes, etc. Evidently his liver was in a state of passive congestion or engorgement, with correspondingly sluggish action in its entire tubular system. It fairly needed squeezing. Not daring to prescribe a corset, I determined to improvise a squeezer; one that should, like the corset, act as an automatic liver persuader.

The patient was divested of coat, vest and suspenders; then, taking from my office table a copy of the *Chicago Medical Times*, I folded it once lengthwise and placed it outside of the shirt over the liver; a copy of the *California Medical Journal* was similarly folded and placed over the spleen; these were held in position by the patient until an ordinary shawl-strap was procured from an adjoining closet. This was carried around his body over the journals, lengthwise of them, and buckled tightly. The patient was instructed to wear the apparatus several hours daily, preferably at night, and was bidden to depart in peace and report in ten days or two weeks.

The report was favorable. Whether healing virtue was absorbed from the excellent journals, I don't know. Maybe. At all events, he is still so

well pleased with the "persuader," and so much relieved by its action, that he continues its use, and strange as it may appear, the warm hue of genuine red blood is beginning to tint his cheeks.

Not only the liver but the lungs as well find a close friend in the much abused corset. To go back to our starting point, the beautiful rosy-cheeked young woman seen so often, notice in her breathing with what billowy undulations the chest rises and falls, like gracefully rolling waves sweeping over a field of golden barley when the slender stalks are swayed by the zephyrs of summer. Yes? Well, it brings to mind the thought that the lungs are in the thorax, and that God placed them there, and not in the abdomen as many physicians seem to suppose.

As the ribs extend forward from their attachments at the spinal column, they incline downward. They are elastic and freely movable until they become stiffened and ankylosed from disuse. In enlarging the cavity of the chest as seen in normal breathing, their outer or anterior ends rise and fall.

From sheer laziness, man breathes mainly with his abdomen and allows his ribs to become ankylosed. This is greatly to his physical detriment and to the great joy of his most deadly enemy, the bacillus tuberculosis. The corset compels chest breathing in woman; the upper lobes of her lungs are well developed, and as these lobes are the first to break down in consumption, woman is less liable to that dread disease than is man.

I am fully persuaded that normal or chest breathing—rib breathing—assists in the movement of the entire volume of blood to and from the heart, and is a great power for preventing congestion of the vital organs in general and for the better nourishment of the entire body.

Of course, the corset should not be worn too tightly. While the proof of the corset is in pulling the string, it is not necessary to fasten the string to the bed post to get extra purchase, as we are told our grandmothers used to do when tightening their stays. However, it is easily proven that overly tight corsets are not worn so commonly as is supposed, for if only a woman be asked if her corset does not fit too snugly, she invariably, promptly and emphatically answers "No!"

"She girdeth her loins with strength, and strengtheneth her arms." *Prov.*

Better as it is.

If streets were clean and skies were bright.

If men and politics were right;

If everything beneath the sun

Exactly suited every one;

Say, wouldn't that bring deep distress

To makers of the daily press!

They couldn't get a paper out

With nothing left to kick about.

—*L. A. W. Bulletin.*

"The wicked flee when no man pursueth," but a bad road stops them both.—*L. A. W. Bulletin.*

Rhinolith or Nasal Calculus.

REPORT OF A CASE AND EXHIBITION OF PATHOLOGICAL SPECIMEN.*

BY WILLIAM H. POOLE, M. D., Detroit, Member of the American Medical Association, Wayne County Medical society, Etc.

Mr. President and Members of the Wayne County Medical Society: The pathological specimen I have the pleasure of exhibiting to you this evening is one of unusual interest, even to those of us who limit our practice to diseases of the eye, ear, nose, and throat, from the infrequency with which we meet these cases, and also from the circumstances which led up to its discovery, owing to the fact that it was situated somewhat differently from most cases of this kind.

Miss L. K., aged twenty-four years, from whose nose this was taken, consulted me January 1st, 1898, regarding her nasal catarrh, with which she stated she had been afflicted ever since her childhood. Ten years ago she had been treated for about a year by one of the leading rhinologists of this city, receiving considerable benefit, but for the last two or three years she has had a rather profuse nasal discharge, thickened, and increasingly offensive in character, with obstruction to nasal respiration, loss of smell, nasal voice, and the other usual symptoms which we find in an aggravated case of chronic rhinitis. Lately she had suffered from headache, which was increasing in severity, and was also troubled with weeping of the left eye. She had been

using an atomizer for some years without getting any other relief than the keeping of the nose approximately clean.

On making anterior and posterior rhinoscopic examination, I found considerable hypertrophy of the turbinates of the left side, especially of the inferior turbinal.

I suggested an operation for the removal of the hypertrophied tissue of the lower turbinal, which was impinging on the floor of the nose. This was agreed upon, and on Saturday, January 15th, I operated at 3 p. m. in the usual way, cocainizing the parts thoroughly, and making a practically painless operation.

Hemorrhage was not very profuse and was readily controlled at this time. The patient returned home, and soon after suffered from an attack of nervous sick headache, to which she was subject upon occasions of nervous strain.

As usual, the headache ended with an attack of retching, after which straining the hemorrhage started in afresh and rather profusely. I tried to control it with styptics and plugging the naris with absorbent cotton, but did not succeed in thoroughly arresting the flow of blood, and, as the patient was getting very weak, with the kind assistance of Dr. Suttie, I tamponed through the posterior naris with

*Read before the Wayne County, N. Y., Medical Society, February 17, 1898.

a sponge tent, which instantly stopped the hemorrhage. I then ordered her to be liberally supplied with beef extract, for the double purpose of nourishment and to increase the arterial tension.

Sunday, the next day, she was doing nicely, but was very weak; there was no recurrence of the hemorrhage, but I did not think it advisable to remove the tampon, as she was too weak to bear it.

Monday, January 17th, the patient was a little stronger, but owing to debility I could only remove a part of the tampon from the anterior naris.

The next two days I removed still more of the sponge anteriorly, in all about two thirds of it being removed up to this time, the patient still being too weak to bear much manipulation.

On Thursday morning, January 20th, I attempted to remove the remainder posteriorly, but found it so firmly fixed that it could not be dislodged except with extreme force under anæsthesia. I called in Dr. Chittick and anæsthetized the patient, when, with considerable difficulty, we removed the remainder of the sponge.

After the patient recovered from the anæsthetic I cleansed the nasal cavity thoroughly with hydrozone, one part to twelve parts of lukewarm water, and she returned home rejoicing, the turbinal wound being in good condition, healing nicely.

Next morning she came to my office for treatment and stated she had enjoyed perfect freedom in breathing through that nostril until about four o'clock in the morning, when, chang-

ing her position in bed, that side became suddenly obstructed. After cleansing the nostril, which was seemingly full of an offensive discharge, I discovered a body two inches long and six-eighths of an inch broad, which was attached at the posterior end on the outer side of the inferior meatus, lying, as it were, in a groove or pocket.

The anterior or loose end of it was sharp like a spiculum of bone, and black in color; it was freely movable about its long axis, so that you could pass a cotton holder around it and lift it from its bed. After cocainizing, I grasped it with a dressing forceps and, giving it a twist, removed it. I then thoroughly cleansed and disinfected the cavity with the hydrozone solution, which removed the odor and rendered the cavity wholesome.

The next day two smaller pieces were removed while cleansing and treating the nose. They were loose and seemed as though they had just scaled off from the bed where the largest piece had lain.

The spraying of the nasal cavity with hydrozone followed by the use of glycozone, constituted the treatment for the next four days, by which time the offensive odor had entirely disappeared and the parts had assumed a healthy condition.

This concretion formed on the outer side of the inferior meatus, and, as it grew larger, it obstructed the flow of tears through the naso-lachrymal canal, as evidenced by the overflow of tears from the left eye, which condition ceased immediately after removal of the rhinolith.

The secondary hemorrhage was evidently due to a relaxation of the pressure on the vessels of the turbinate, owing to the calculus being disturbed in its position when the patient was retching.

As to the exciting cause in the case of the young lady, I could get only a negative history, there being no recollection of any foreign object having been put up the nose in her childhood. Being desirous to ascertain, if possible, what served as a nucleus, and at the same time of finding out the composition of the formation, I cut it in two.

Microscopical examination reveals that it is composed of amorphous phosphates, undoubtedly the phosphates of calcium and sodium, which came from the tears.

There has been a marked improvement in the young ladies condition since the removal of the rhinolyth; overflowing of the tears in the left eye has ceased, nasal respiration has become perfect, her voice has lost the nasal twang, and her general health has improved rapidly, as indicated by the fact that she has gained four pounds in weight since the operation (four weeks ago) and is still improving.

It Must Bore Him.

"Begin at the bottom and work to the top,"

Is splendid advice to be giving,
And yet it is not the best hint we
can drop

To the man who digs wells for a
living.—*L. A. W. Bulletin.*

UNGUENTINE.

BY C. H. B. GILE, M. D., Falun, Kan.

Last September a lady called on me, aged 45, married, saying: "I would like you to examine my hand. I heard you was good on old sores." I asked her how long her hand had been in that condition. "Five years," she said, "and I have carried it most of the time bound to my shoulder, for when I carried it down the pain nearly made me wild." The case was pronounced tuberculosis of the joints by no less than nine different physicians and treated by all of them: curetted, burnt out with caustic potash, all kinds of washes, all kinds of salves. The joints were all open, the back part of the hand bone exposed. This was the condition of the hand when I first saw it. Amputation had been recommended and refused. To say it was a desperate case is drawing it mild. I gave her a four ounce box of Unguentine (Norwich Pharmacal Co. New York) and told her to spread it on a linen rag and keep it on continuously, change once a day. I never expected to see the case again. Six weeks later she came back; the hand was better. She had been using Unguentine until the 10th of March, 1898. This hand at the present time is entirely well, no pain, and enjoys splendid health. The case is notorious in this country, Saline and McPherson, where the M. D.'s reside who treated the case. Her name is Mrs. Nygram, and she lives one-half mile north of Bridgeport, Saline Co., Kan. Any one can write to her and get the facts as I have stated. And Unguentine did the business.

Rhus Poisoning.

BY A. A. LEONARD, M. D., M. E., Silverton, Oregon.

EDITOR OUR JOURNAL: As you solicit articles from the pens of your subscribers, I take the occasion to say a few words in regard to my experience in the treatment of Rhus Tox. poisoning.

The Poison Oak, as it is popularly called here, is found in great abundance in this country, and there are frequent cases of poisoning, often of extreme severity.

I have learned to place great reliance in Echinacea or Echafolta in the treatment of a large number of diseases, and having read of its virtue in the treatment of rhus poisoning, decided to give it a trial.

CASE 1. Miss A., age 13, farmer's daughter, German descent, florid complexion, fleshy. When presented for treatment was broken out with watery vesicles over the forehead and right ear. The skin was considerably swollen, and there was great discomfort from itching and smarting.

I prescribed as follows:

R Echafoltæ fʒi

Aquæ fontis q. s. ad fʒiv.

M. Sig. Take one teaspoonful every four hours.

Also prescribed for external use a tablespoonful of table salt dissolved in half a pint of fruit vinegar to be used when the smarting was bad. Heard no more from the case until a few weeks after, when I met her father on the street and he told me that the eruption "Dried right up."

CASE 2. Mr. S. a young man, age

20, a farmer's boy, American, tall, spare, dark. Had been suffering for a week or more, and using home remedies but no improvement manifest. The eruption was confined to the hands, arms and face. Gave same treatment as above. The cure was not so prompt, but satisfactory.

The young man told me several weeks after, that about the time he recovered he was obliged to go to work in the timber where the "poison oak" was growing in abundance, and that so long as the medicine (echafolta) lasted he could handle the vines and leaves with impunity, but that later, when he had left off the medicine, he became poisoned again.

CASE 3. L. L., boy, age 7, poisoned over abdomen, inside of thighs, and over penis and scrotum. Suffered intensely with the itching and smarting and could not sleep. Parents had to sit up with him nearly all night.

Treatment:

R Echafoltæ fʒss

Glycerini fʒiv

Aquæ q. s. ad fʒiv

M. Sig. Teaspoonful every three hours.

Also:

R Grindeliæ Robustæ s. m. fʒi

Hamamelidis s. m. fʒi

Aquæ q. s. ad fʒiv

M. Sig. Apply with soft cloth to affected parts every hour or two.

The relief of this external application was magical, and in a few moments the boy fell asleep, and in a few days was entirely well.

Echafolta is all right in rhus poisoning, as in many of the blood diseases, but it does not seem to be of value in poisoning by hops. This is as serious as rhus poisoning, though not many are poisoned. But once a person is poisoned with the hop, he becomes extremely susceptible to it, and the expression of the disease is not unlike that of rhus tox. Can some one tell me the remedy for the hop poisoning?

A Cold Deal.

Men who play "freeze-out" at the club
And find their chips are "shy,"
Should not, when wives wish money,
pause
And say they've none to spare
because
Their ice bills are so high.
—L. A. W. *Bulletin*.

Gonorrhea.

BY LYMAN WATKINS, M. D., Blanchester, Ohio.

There is probably no disease which is so badly mistreated as gonorrhœa. Not by physicians, but by the patients themselves and by those outside the medical profession, such as druggist's clerks, and especially by those who have had it once and of course "know all about it."

The writer is hardly ever without gonorrhœa to treat, and some of the worst phimosed, para-phimosed or abscessed cases applying for treatment are those who have, for a while previously, followed the advice of their non-medical friends. The pleasures of orchitis, the unspeakable delights of chordee are quite common to those who have been squirting a strong solution of argenti nitras into the urethra three or four times daily and eagerly swallowing generous doses of that heavenly tasting nephenthe(?) balsam of copabia.

Many victims of the "Gonorrhœa Cured in Three Days" quacks walk the earth with radiant countenances rejoicing over the possession of urethral

strictures, through which the urine dribbles, drop by drop, like the first patter of "Rain upon the Roof."

How common the salutation—"Say Doc. I'm afraid I've got a dose of gonorrhœa!" It is peculiar how these "clapidious" fellows always call the physician "Doc." They deserve to suffer for their egregious lack of respect to the profession. "Well," replies the doctor, "let me see it." And the poor weeping—perhaps swollen—organ is produced. One glance is sufficient. The sorrowful tale is told and evidence of the sting of Eve is plain. If the patient be a dirty rascal, and he often is, the first directions are to "clean up." In order to make this proceeding appear as though it was a part of the treatment and thus insure its performance, an antiseptic wash is prescribed—an asepsin solution—the parts to be thoroughly scrubbed. It is a fact that some in the respectable walks of life who are cleanly otherwise, seem to neglect this part of the body. This is true of both male and female. It

is remarkable that a fashionable and stylish female patient should have to be sent home to cleanse herself so as to be in proper condition for special treatment, but this has been my experience, more than once.

Now, after the necessary abolutions, we are in a position to read indications; and specific indications are to be followed here as elsewhere.

I have rarely been able to cure gonorrhoea in less than three weeks, very often more. There is hardly another disease in which the physician is so strongly urged to "hurry." All kinds of rewards are proffered for a cure "right away." But Alas! There is a cohesive fiendishness about Sir Bacil. Gonococ. that resists either kindness or force with a Satanic stubbornness.

How do you treat gonorrhoea? Every old way! I have no stereotyped method. This disease, like others, varies in its manifestations. Some cases are very mild, and yield readily in a few days to spec. med. apis, eryngium or chimaphilla in conjunction with a mild injection of asepsin. Uncomplicated gonorrhoea is rare; chordee, orchitis, balanitis, phimosis or para-phimosis

are often present, and abscesses may occur in the neighborhood of the frænum or elsewhere about the corona glandis.

In severe attacks, after the first few days, the Chlor-Septic injection is used, very much diluted at first, but with gradually increasing strength. Chlor-Septic is one of the most powerful astringents, and if used too strong will cause retention of urine by contracting the urethra. Internally, Maiz-Avena acts well; it relieves urethral burning and smarting and renders the patient more comfortable. This treatment is commenced about a week after the first appearance of the attack and in a couple of weeks the patient is cured, without stricture.

Complicated cases will require treatment for the special lesions as they appear. Balanitis is readily cured by cleanliness and mild solutions, such as boracic acid and rose water; abscesses should be lanced, washed out with peroxide, then wiped with carbolic acid; condylomata may be snipped with the scissors and the base cauterized with nitric acid; phimosis and para-phimosis will frequently require the knife.

Tuscan Springs.

The Tuscan Springs are about fifty in number, covering a space of about ten acres, situated at an elevation of nine hundred feet above sea level, distance two hundred miles north of San Francisco, one hundred and thirty-five miles north of Sacramento, and nine miles northeast of the city of Red Bluff.

On the opposite side of the river from Red Bluff, east about nine miles, near the edge of the volcanic flow that caps all the country from here north and east, are two small volcanic cones, and not far from them an old crater, from which issues on the inner side numerous medicinal springs. These are known as Tuscan Springs.

The rim is about three hundred feet higher than the bottom of the crater in the center, and has been broken away to the southwest, permitting the water to escape in that direction.

The distance from side to side is about six hundred feet, the central part, whence the springs issue from fissures in the sedimentary formation, not being over seventy five feet wide. From the center the exposed formations recede on every side, on an angle of about 30 degrees; the formations have been bent up at this point sufficiently to fracture them, and it is through these fractures that the waters escape. In escaping they deposit lime which gradually fills up these fissures with aragonite, nice specimens of which can be obtained here. With the waters gas escapes, which used to be collected and utilized in heating the baths but is allowed to escape at present. The springs and the mud that exudes around them, are used medicinally, and have quite a reputation for the cure of rheumatism, kidney and liver disorders, and skin diseases. The waters contain borax, iodine, lithia, magnesia potassium, sodium, and sulphur; the latter is found in and around the springs as red and yellow sulphur. Experts claim that the prospects for striking a large body of gas here are extremely favorable; also, oil somewhat to the east of this place, as the formation is stated to be in the range with and very similar to the formations in Trinity and Humboldt Counties where oil is found.—

[*Extract from report State Minerologist.*

Prof. M. H. Logan of San Francisco writes as follows from this interesting spot: *Ed.*

To the *California Medical Journal*: While on a short vacation I am making some observations at this strange and remarkable place. Here in the foothills of the Sierras, high up from the ocean's level, is the evident remains of an ancient inland sea; this sea had been quiet and undisturbed for many centuries, as is evidenced by a sedimentary layer of conglomerates many feet in thickness, containing the fossilized remains of a great variety of shellfish. At a later date this was the scene of a great volcanic upheaval, for now we find the sedimentary layer standing almost perpendicularly, from the inner or under side of which there issues numerous springs, strongly impregnated with various mineral salts; in fact the warm water is super-saturated with such salts as the chlorides, iodides, carbonates, and sulphates of iodine, lithium, sodium, calcium, potassium, magnesium, ferrum, and aluminum.

There is also a large amount of gas, in volume, such as marsh gas (C_2H_4), methylene or hydrogen carbide (C_2H_2), carbonic oxide (CO_2), and sulphureted hydrogen (H_2S). The gas is inflammable and can be used for heating and lighting purposes.

After the greater activity of the volcano had subsided, then the slow boiling and bubbling of mud took place, which has abated, in recent times, leaving deposits of slate-like mud saturated with the various salts. Warm water now issues through the crystalline rocks and mineral mud, becoming super-saturated and giving the therapeutic virtues to the water. An evidence of the great depth of the deposit

is the evolution of those hydro-carbonate gases before mentioned.

As the water flows over the rocks and evaporates, layers of beautiful crystalline salts are deposited; great veins of alabaster and chalcedony run through and bound the heated area. From considerable depth come "mud

blossoms," various fantastic shaped hard nodular bubbles, in the center of which is to be found a little water or some crystalline quartz.

All together, this is a very interesting region. The springs are deservedly a popular resort. M.H.L.

Eclectic and the Lower Case "e"

BY H. T. WEBSTER, M. D., Maclean Hospital, San Francisco, Cal.

There is no want of enthusiasm in our school at the present day. True, there are those who are flattered by the notice of allopathy; who are overawed by numbers and influence; and who are overjoyed if they are permitted to kiss the hem of the allopathic garment; but these are few, and objects of derision to the stalwarts, who are Eclectic because they believe in the principle.

In one respect, however, some Eclectic writers are deplorably weak. They are thus, in the way they write the name of the school they champion—the dearest cause of their existence. I refer to the custom of spelling the word "Eclectic" with a lower case e. How servile it looks for an Eclectic editor to be dominated by an ordinary proof-reader or some custom, so that he renders his cause with a small e. "eclectic!" Small potatoes, surely. The idea is so absurd and ridiculous that it hardly seems possible that large-brained editors and writers would permit such liberty to be taken; and yet, the outrage occurs every month in our periodicals, evincing that editors have been dominated by proof readers, and that "style" has tyrannized over

better impulses and judgment. When it comes to it that I am compelled to write the name of the cause I am living for with a lower case initial, I will quit the entire business, and adopt some other means of livelihood.

There are sticklers about "Eclectic remedies," as though they are fenced in. There are those who consider the indigenous remedies of our country the special property of Eclectics—and they surely are, to a certain extent, if long devotion to them count for anything—but these same extremists are content to lie down in peace with the lower-case e, and be perfectly content.

There are others who insist that homeopathy must be spelled with a capital if Eclectic is. Why so? Is homeopathy anything to me or to Eclectics that it should be "put up?" I rather think not. I do not care what a proof-reader thinks of style or consistency where my own convictions are at stake. My convictions and not the opinions of proof-readers are foreshadowed by my capitalization. I can defend it with the rules I learned at school. "The principal words of a sentence should always begin with a capital letter. The principal words of a



discourse or theme may be properly capitalized." I may refer to homeopathy or allopathy, but they bear but a distant relation to my theme. They are not worthy of capitalization, but Eclectic is, because it is a theme and a word of distinction. The college boys wear it on their pins. How would it look there written with a lower case e?

The name "Eclectic" may or may not be the appropriate one for our school today, but that is a matter which does not worry me. It is enough to know that there is a school consisting of about ten or twelve thousand practitioners, which has its National Associations, its State Associations, its Colleges, its Text-books, etc., and that that school is mine, and its name is "Eclectic." What an absurd thing it is to spell either its name or even adjectives derived from it with a small e. This may be allowable in our adversaries, who seek to belittle us, but as for ourselves, we ought to have better sense.

When I began the publication of the *California Medical Journal*, the proof-reader who belonged to a large printing establishment, invariably cut out all capitals, and "Eclectic" was put down, invariably. It did not matter how much I wrote the capital E, when spelling it, when the Journal came out the word was ignominiously beheaded, and a lower case letter was used in the

beginning. I was disgusted, and sought to remedy the evil. I did so finally, but it took considerable scolding before I could arrest the outrage. However, I finally succeeded, and now the word is usually written thus on this coast.

It may be true that at times Eclectic may be written by us with a lower case e without violating good taste, as when it is used without reference to our school or our physicians; but I prefer to run the risk of violating a rule of letters to writing a name to which I subscribe as a physician and teacher with a small initial. Of course there are those who train as Eclectics of whom I would expect nothing more. It is those who ought never to have belonged to us; who think an Eclectic is *almost* as good as an allopath; and who are always ready to belittle their own, and fawn upon those things which bear the appearance of popularity, because of their large number. Such people I would expect to spell their own names without a capital and wear no clothes, if such a style was reported as prevailing in Paris, or was fashionable in any part of Europe.

Let us be loyal to selves and to the cause we represent. Let us spell Eclectic with a capital, always, literary critics to the contrary notwithstanding, and we shall seldom go wrong. When we do we shall have the satisfaction of having erred in a good cause.

Pemphigus Neurotico-Traumaticus.

BY C. M. TROPPEMANN, M. D., Ph. G., San Francisco, Cal.

By some, Pemphigus is supposed to be due to a germ, by others to be de-

pendent on an error in the nerve supply; those holding the latter opinion

being most numerous. Though many attempts have been made, few have succeeded in cultivating a peculiar micro-organism from the fluid in the blebs, and there is no unity among those who have succeeded, as to the kind of micro-organism obtained. No one has yet produced blebs, according to my limited knowledge, either in man or in the lower animals by inoculation of the cultures, or of the serum contained in the bullæ.

Those who hold the neural hypothesis have brought forward many facts in support of their view, as well in the history of the disease as in the distribution of the eruption, and in the histological changes of the central nervous system, the nerve trunks and the nerve endings.

A case recently being in my charge, I have been able to find where pemphigus has followed injury to the hand:

A young man, twenty-three years of age, while having a tonsillar abscess lanced, in trying to prevent it had the palm of his left hand slightly pierced about the center of the fourth metacarpal bone. The puncture was not one-eighth of an inch long, but probably one-fourth inch deep. Although the injury inconvenienced the patient some, and the attention of the attending M. D. was called, little heed was given to it and septic symptoms commenced forming. All the symptoms of blood-poisoning were visible within thirty-six hours—hand became inflamed, feverish, swollen, and painful. Antiseptic measures were at once ordered, the case coming into my care at this time.

Ichthyol and Collodion was applied

over entire hand, puncture was enlarged, washed thoroughly with H_2O_2 , and Iodoform, Bichloride and Permanganate of Potassium exchanged as rapidly as was necessary. After four days the swelling seemed to retract and hand appeared more normal, only the third finger was fixed upon itself, being in direct line of the injury, and in my belief the puncture reached a branch of the ulnar nerve. At this time I noticed little bullæ or blebs to form around the punctured wound, which I opened. At the next dressing I found some more which I also opened; next day I found nearly the entire palm of the hand covered; and in a few days more, part of the back of the hand and many up to the base of the second phalanges. I would open them as rapidly as they formed, and get from them a colorless or serous fluid. In spite of drying powders and lotions, the absorbent cotton which I applied became so thoroughly saturated that the liquid would drip off through the bandages. I would remove all loose skin, trim with my bent scissors, and taking a serious view of this case I put the patient on *Echafolta*, $\mathfrak{z}\text{i}$ to $\mathfrak{z}\text{iv}$, $\mathfrak{z}\text{i}$ every hour, bathed the hand in hot Borax water, opened the new crop of bullæ and touched the surface with a five per cent solution Nitr. of Silver, applied an ointment of Ichthyol, Bi-muth Subnit., Salicylic Acid, and zinc oxide, bathing the raw surface with sp. Thuja. Three days of this heroic treatment seemed to destroy the discharge, and the hand is now, after eighteen days of care and innumerable dressings, about well; the third finger returning, as the pemphigus subsided, to its normal position.

Maclean Hospital Reports.

BY H. T. WEBSTER, M. D., San Francisco, Cal.

While our crop of extra-uterine pregnancies has somewhat diminished the past year, we are still doing interesting surgery at Maclean hospital. The belly-ripping craze is not as rampant with reputable surgeons as formerly. Here we practice a rational conservatism, and the abdomen is opened only when the necessities of the case urgently demand it. Happily, few of our surgeons are so behind the times as to consider abdominal surgery the *ultima thule* of a surgeon's standing. Almost every blunder-head nowadays opens the abdomen, but the skillful and conscientious surgeon hesitates for a time before doing it. It is the old adage applied, "Fools rush in where Angels fear to tread."

The outrages committed in the name of surgery are legion, and San Francisco is strictly in the swim in this respect. Not so very long ago, one of the female Alumni of our College submitted to uterine curettment at the hands of a mongrel surgeon, who formerly trained as an Eclectic. Meantime, the uterine cavity was douched with a strong solution of corrosive sublimate, *secundum artem*, and all went as merrily as a marriage bell. Possibly but for the sequel the case might have been reported; but some doctors report only their successes. This patient, who should have made an uneventful recovery, in good hands, died within a few days—from simple curettement, mind you. What was the matter? It requires no very great acumen to

reply correctly, "Corrosive sublimate poisoning." This surgeon ought never to have touched a knife or curette again, from sheer remorse; but he continues to operate, and endanger other lives. But this is not what I started out to write—Maclean Hospital reports—though it contrasts with them to our credit.

It is to be regretted that our surgeons do not report their own surgical cases. Many of them are exceedingly interesting, and the writer is only able to know the most meagre details, so occupied is he with other matters. However, it has ever been thus on the Pacific coast. There are those with plenty of ability, but they lack the enterprise to report their own cases. It is hopeful that the rising generation will set a better example.

Dr. Gere, Feb. 1st, Mrs. D. Cervical laceration. Excellent results, patient discharged 17th day.

Dr. Mattner, Feb. 2nd, Mrs. S., Trachelorrhaphy. Completely satisfactory results.

Dr. Janes, Feb. 10th, Mrs. F. Curetted uterus for hemorrhages. Patient discharged cured.

Dr. Maclean, Feb. 15th, Mrs. B. rectal surgery. Satisfactory results.

Dr. Lamb, Feb. 15th, Mr D. Double hydrocele, Patient discharged in two weeks completely cured.

Dr. Gere, Feb. 15th. Rectal surgery and trachelorrhaphy. Complete success.

Dr. Mattner, Feb. 15th. Mrs. S.

Perineorrhaphy. Departed well satisfied.

Dr. Cornwall, Feb. 17th. Mrs. H. Double cataract extraction. Excellent results reported later.

Dr. Logan, Feb. 24th, Mr. V. Chronic pharyngitis and otitis media chronica. Restored after seven weeks' treatment.

Dr. Webster, Feb. 25th, Mr. L. Inflammatory rheumatism. Cured with rhamnus Cal.

Dr. Webster, Feb. 25th, Mrs. McK. Dementia with religious mania. Much benefit in three weeks.

Dr. Maclean, Feb. 28th, Mrs. B. Partial hemiplegia. Much improved in six weeks. The galvanic current was the principal reliance.

Dr. Webster, Mar. 2nd. Miss H. Rectal pockets and papillæ, with cicatrization and plastic adhesions about left broad ligament, attended by pelvic pain. Rectal trouble relieved by operation, and pelvic pain much benefited by proper medication, in three weeks.

Dr. Janes, Mar. 2d, Mrs. F. Hysterectomy. Death from inflammatory action within the first week.

Dr. Webster, Mar. 6th, Mr. W. Paralytic dementia with cerebral softening. Death, after three months.

Dr. Janes, Mar. 9th, Mrs. A. Approaching accouchment, confinement three months afterward, without unusual results.

Dr. Curry, Mar. 9th, Mrs. McC. Operation by Dr. Maclean. Successful results.

Dr. Scott, Mar. 8th, Mrs. M. Trachelorrhaphy, with favorable results.

Dr. Webster, Mar. 11th, C. C. J. Cocain habit. Only remained one week.

Dr. Townsend, Mar. 16th, Mr. M. Fistula in ano. Operation with complete cure.

Dr. Webster, Mar. 20th, Mr. D. Acute dermatitis, probably from rhus poisoning. Very severe case. Remained five weeks.

Dr. Maclean, Mar. 24th, Mrs. L. Abdominal operation and breaking up of ankylosed knee. Discharged after six weeks, much improved.

Dr. Hall, Mar. 26th, Mrs. H. Rectal tumor. Removal followed by great relief.

Dr. Gates, Mar. 26th, Mrs. B. Abdominal operation for removal of pelvic tumor. Fatal results from shock.

Dr. Born, Mar. 27th, Mr. M. Rectal cancer and senility. Death after five weeks.

Dr. Harvey, Mar. 30th, Mrs. W. Abdominal operation, with favorable results.

Dr. Harvey, Mar. 30th, Mrs. J. Approaching confinement. Discharged after seven and a half weeks, mother and child in good health.

Dr. Logan, Apr. 2d, Mr. F. Nervous debility, with ulcerated leg. Ulcer healed, but not much gain in general condition. Discharged after four weeks.

Dr. Sharp, Apr. 2d, Mrs. J. Ovariectomy. Perfect results with hardly a rise of temperature. Patient discharged on 17th day.

Dr. Sholtz, Apr. 2d, Mrs. M. Trachelorrhaphy. Good results and rapid recovery.

Dr. Harvey, Apr. 1st, Mrs. H. Submucous uterine fibroid. Long standing debility from hemorrhages. Gradual improvement. Patient now in better health than for years.

Dr. A. E. Scott, Apr. 6th, Mrs. K. Vesico-vaginal fistula following hysterectomy performed by another surgeon a few months before. The ulceration proved to be cancerous and progressed in spite of treatment. Destruction of the rectal wall and surrounding tissues followed, and the patient died after nine weeks of suffering.

Dr. Maclean, Apr. 13th, Mrs. C. Trachelorrhaphy and perineorrhaphy. Discharged the fourteenth day. Excellent results.

Dr. Gere, Mrs. B. Rectal and uterine surgery. Discharged 14th day.

Dr. Logan, Apr. 26th, Mr. W. Vesical catarrh, with urethral stricture. Cured at end of two weeks.

Dr. Webster, Apr. 27th, Mrs. B. Curettement and perineorrhaphy for obstinate uterine hemorrhage, of long standing. Perfect results.

Dr. Webster, May 6th, Mr. C. Old man with lumbago, from strain caused by fall. Cured with rhamnus Cal. in one week.

Dr. A. E. Scott, Apr. 6th, Mrs. S. Morphine addiction. Discharged at end of fifth week, cured. Avena sativa and passiflora, with nitrate of strychnia.

Dr. Gere, May 8th, Mrs. B. Ascites from sarcoma of peritoneum and abdominal viscera. Incision and drainage, with promise of only temporary relief. Patient returned in September with return of accumulation. The Prof. then introduced a tracheotomy tube for permanent drainage. Gradu-

al failure of health, though the patient is able to be about.

Dr. Webster, May 10th, Mr. S. Hemorrhoids and lead poisoning. Occupation that of a house painter. Patient discharged in four weeks, improved in flesh, cured of hemorrhoids, and free from symptoms of plumbism. Rhamnus Cal. the only internal remedy. Carbolic acid treatment of hemorrhoids with hypodermic syringe.

Dr. Fuchs, May 9th, Mr. S. Deep ulcer in groin left after removal of sarcoma. This was a piece of skillful surgery, done by Prof. Gere. The tumor was dissected from around the femoral vessels. The ulcer had refused to heal, but was completely filled under local application of grindelia, with internal use of berberis aquifolium. Patient remained five weeks.

Dr. Mattner, May 14th, Mrs. K. Leucocythemia, with immensely enlarged spleen. Patient much prostrated, and died following day from internal hemorrhage.

Dr. Gere, May 18th, Mrs. B. Whitehead operation for long continued debility from rectal disease. Perfect restoration to health.

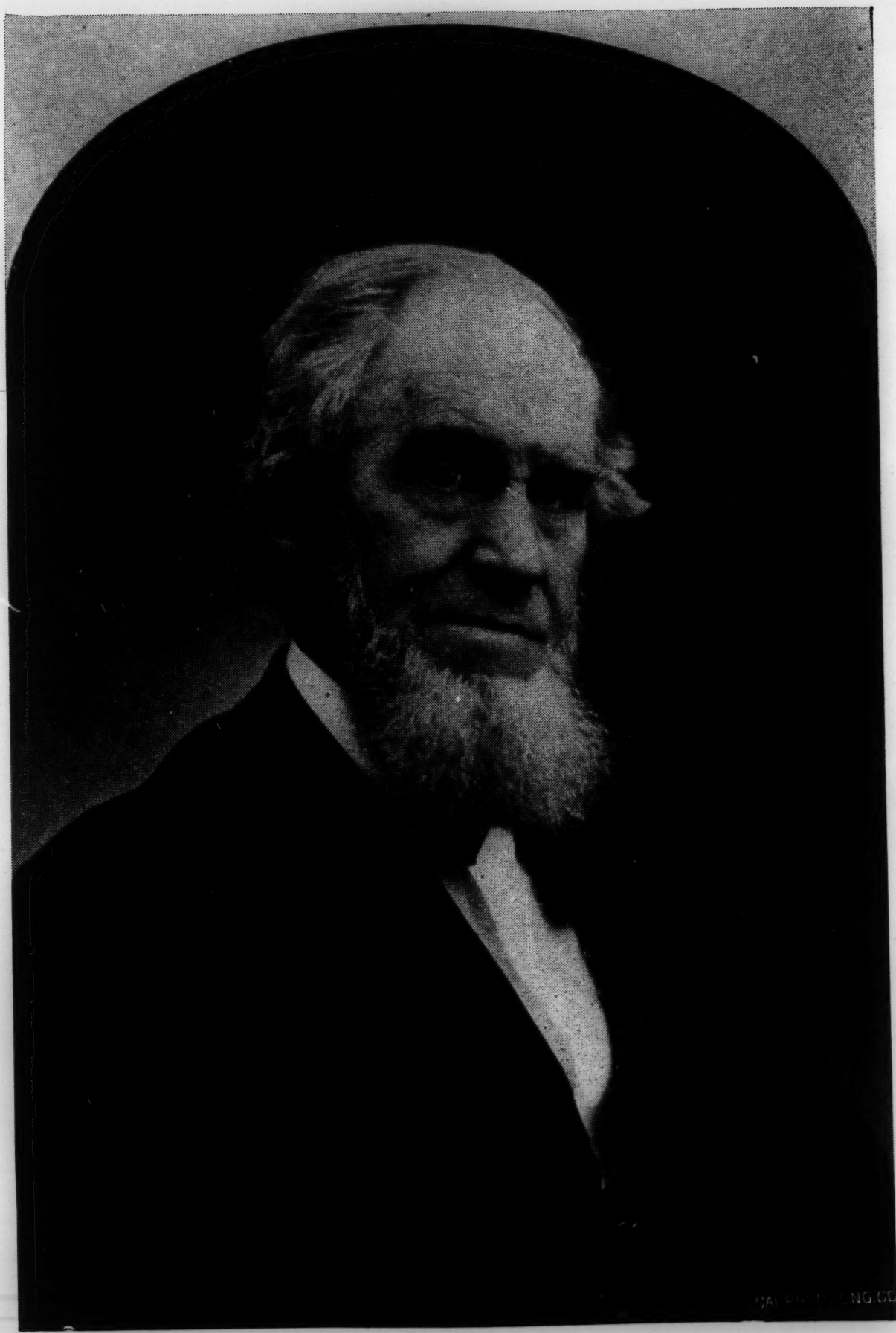
Dr. Maclean, May 22d, Miss A. Rectal surgery, with the best of results.

Dr. Maclean, May 26th, Mrs. B. Uterus removed about a year ago for cancerous infiltration. Vagina and rectum now involved in malignant ulceration. Prognosis unfavorable. Patient lived about nine weeks and died from exhaustion.

Dr. Logan, May 26th, Mrs. H. Accouchment. Satisfactory results.

Dr. Logan, May 28th, Mrs. K. Accouchment. usual results.





WM. S. MERRELL, A. M., M. D.

Wm. S. Merrell, A. M., M. D.

Biographical Sketch.

The business of manufacturing chemical and pharmaceutical preparations now conducted by the Wm. S. Merrell Chemical Company was founded by Wm. S. Merrell, A. M., M. D., in 1830, and its uninterrupted growth and success through three generations attests its established character, the value of its products and the integrity of its methods.

The efforts of the Company are directed more to the preparation of all medicines for physicians' use than to the introduction of new remedies; and their investigations have special reference to this important and much neglected line of work.

Wm. S. Merrell, the original founder of this enterprise, was born at New Durham, Green Co., N. Y., January 8, 1798—three years after the removal of his parents to that locality from New Hartford, Conn. In 1801 the family removed to Oneida Co., N. Y., and there he received his primary education in the country schools. He pursued his studies at the preparatory schools of Hamilton College and was graduated from that Institution in 1824, in the same class with many others who have attained national prominence. Chemistry had always possessed an irresistible charm for him, and upon his graduation he settled in Cincinnati and opened a preparatory school, making Chemistry and allied sciences a specialty. It is a matter of historical moment that he was undoubtedly the first educated chemist

who had located west of the Allegheny Mountains. A year later he went to Augusta, Ky., and became Principle of a then popular Seminary. The liberality of his theological views did not accord well with the timid orthodoxy of the old town in that day, and the friction which was engendered impelled him after few years, to resign the position. Going to Tuscumbia, Ala., he became President of a Female College at that place, but his devotion to Chemistry, leading him into the pathway to success which he pursued with such distinguished honor, brought him back to Cincinnati, where, in 1830, he started the business which still bears his name, and which has not only become national in its scope but is known through its products throughout the civilized world.

Enlarging his business, he removed to Court and Plum Streets where he pursued his investigations in the Indigenous Materia Medica and where in 1847 he discovered and introduced Podophyllin, the well-known substitute for Calomel which, at this time, probably enters into more physicians' combinations than any other drug.

In 1852 the concern was removed to the corner of Pearl and Vine Sts,

In 1858, the business was removed to the large buildings at 110 and 112 West Third Street at which location it was continued until 1875, with some changes in management but always with increasing success, notwithstanding the fact that the establishment

was burned out four times during the six years from 1866 to 1872.

In 1866, George Merrell became a partner of the concern and the active manager of its business. Wm. S. Merrell died September 4, 1880. He was for years President of the Eclectic Medical College, a member of the American Pharmaceutical Association and a Fellow of the Royal Society.

Wm. S. Merrell, through his superior education, his patient research and devotion to science, was a conspicuous figure in all movements calculated to advance the professional standing of his business and aid in the development of higher standards in medicine. He was a prolific writer on all scientific subjects, and many of the more valuable text-books now in use refer to him as the originator of many of the most important formulæ known to the medical profession. He was a regular attendant upon the Meetings of the American Pharmaceutical Association and was a frequent and valuable contributor to its wealth of Pharmaceutical Literature.

In 1850 in an article read before the American Pharmaceutical Association on the "Solubility of all Medicinal Substances in Alcohol" he gave expression to this principle, that "Alcohol in its solvent power accurately discriminates between the medicinal and non-medicinal principles in plants: the former being the poisonous; the latter, the non-poisonous or nutritive element," and this statement has never been disproven as a *universal law* and still holds good as the foundation for all correct formulæ for Fluid Medicinal Preparations.

Closely following this paper came the introduction of what was then known as "Essential Tinctures" and when, ten years later, Dr. J. M. Scudder wrote his "Specific Medication" it was Wm. S. Merrell, A. M., M. D., and Albert Merrell, M. D., now of St. Louis, who gave to Dr. Scudder the pharmaceutical data upon which was based the formulæ for the manufacture of the so-called "Specific Tinctures." The business life and the scientific research of Wm. S. Merrell are contemporary with the rise and progress of Eclecticism in its most advanced and elevated condition as it exists at the present day.

The Normal Tinctures and Green Drug Fluid Extracts of the Merrell Company are without doubt the highest types of Fluid Medicines, and as pioneers in the introduction and perfection of Fluid Medicines from our Vegetable Materia Medica the Wm. S. Merrell Chemical Company are still as far advanced in their methods of manufacture and manipulation of vegetable drugs as they were forty years ago when the subject of this sketch first annunciated the correct principles upon which such manufacture should be based.

W.W.I.

Knowledge Versus Happiness.

'Tis said, "Where ignorance is bliss
'Tis folly to be wise;"
And some will doubt if learning is
A pleasure-bringing prize;
For sages do not fare so well
Nor such enjoyment see
As do the ones who never spell
Their "taters" with a "P."

A Bigger One.

BY GEO. D. COE, M. D., Carthage, Mo.

DEAR EDITOR:—I was much interested in Dr. Ormsby's account of his vesical calculus. But the stone is not the largest on record and I wish to call attention of the Journal to the report of a case in Prof. A. Jackson Howe's Surgery, page 743, for an account of the remarkable case of Miss Lizzie Waymer who, during the latter part of her suffering, consumed a drachm of morphine per week. A week or two after she relieved herself of the Calculus, she left off the morphine unaided by anything except her indomitable will, and never again touched it. Several small calculi passed after those referred to in the report.

In a few months she regained her usual health and could retain about a gill of urine when on her feet, but in a recumbent position she could not retain any. Soon after she got on her feet her father moved to St. Joe, Mo., and I lost sight of her.

At the time I secured the stone Prof. Howe was writing his Surgery. I sent him the stone and account, hence its appearance in the Surgery. As the Surgery is in the hands of but few Eclectics it might be of sufficient interest for the Journal to publish the account.

We are obliged to Dr. Coe for kindly calling attention to this interesting account, which is as follows.—*Ed.*

"Dr. Geo. D. Coe, of Kirksville, Mo., reports that "on the 30th of November, 1875, Mr. Waymer called on me and

said that his daughter Lizzie had taken something from her which was hard as a rock and large as his fist. As the girl was timid and adverse to seeing a doctor, the father asked me to call at his house as if by chance. I did as had been suggested, and found that the father had not exaggerated the matter. The calculus is two and a half inches in length and over five inches in circumference in the most constricted portion. Measuring over the top of a knob-like protuberance it is six and a half inches. It weighs four ounces. Two small calculi came away at the same time the large one was delivered. The girl had endeavored to dislodge the calculus on several occasions, but it was not until suppuration and sloughing of the vagina and vulva had occurred that the extraction could be effected.

"I obtained the following history of the case from the patient: She is now 22 years of age; eight years ago, pain commenced in the region of the bladder, and the urinary flow was often obstructed while passing water. The urine was foetid. The general health became poor, and her father moved from New York, where he then lived, to Missouri. She had been treated for several ailments by different physicians but would never permit an examination of her person. She ceased menstruating in July, 1873, and during the following September, she began to observe that the urine dribbled through

the vaginal orifice. About this time much purulent matter and flakes of flesh escaped with the urine. Her health was so poor, and her sufferings were so great, that her parents and friends supposed that she was laboring under cancer of the womb. The offensive odors arising from the urine and the purulent discharges, rendered it exceedingly unpleasant to stay in the room with her. She took large quantities of morphine to allay her pain; and her death was daily expected.

"At my first visit, which was the next day after the passage of the calculus, I could not make a vaginal examination on account of the extreme tenderness of the vulva. The external parts were greatly excoriated and swollen. The urine escaped, not from the urethra, but from the vagina, which led me to suppose that a vesico-vaginal fistula existed, and to conclude that the calculus was originally vesical, and having ulcerated its way into the vagina, found escape through the vulva. I ordered injections of carbolic acid and water to be thrown into the vagina, and prescribed mineral acid tonics. The patient gained rapidly in health and strength, and promises to attain a good degree of health, with the exception of the false communication between the bladder and the vagina.

"A few days after the first visit I called again for the purpose of ascertaining the nature and extent of the fistulous opening; and I found that the vagina was so contracted from cicatrization that an ordinary speculum could not be introduced, even a digital

exploration was attended with great pain. The borders of the chasm were hard as cartilage, and adventitious bands of neoplastic tissue had dragged the bladder downwards, so that the neck of the uterus could not be discovered. Since the passage of the large calculus, a second, the size of a pigeon's egg, and nearly round, has come away. Probably this existed before the large one escaped, for its surface presents evidence of having been worn in places by contact with another calculus.

"The projection on the large stone probably formed after the large part descended into the vagina, and seems to represent the size of the fistula, the lump projecting into the bladder, and having been formed slowly by depositions of urinary salts.

"The patient has remained so long with the limbs flexed that they can not be straightened. Possibly time and exercise will enable this great sufferer to walk again.

"I propose to have her wear a rubber urinal until an operation can be performed for the purpose of closing the vesico-vaginal communication.

"This is not the first case of a vesical calculus finding its way into the vagina by ulceration of the vesico-vaginal septum, but it is rare enough to be remarkable."

Young Doctor: Did you diagnose his case as appendicitis or merely cramps.

Old Doctor: Cramps. He didn't have money enough for appendicitis.—*Life.*

DEPARTMENT OF SINGLE REMEDIES.

Edited by O. S. LAWS, M. D., Los Angeles, Cal.

The Two Grindelias.

BY H. T. WEBSTER, M. D.

I confess that I am a little tangled upon this subject. *Grindelia Squarrosa* and *Grindelia Robusta*, while seemingly therapeutically distinct, seem physically very much confused. Pharmacists seem to be very much at sea in the matter, as well as physicians, and many of them have quit offering *Grindelia Squarrosa* as a separate product at all.

It is only lately that I find myself greatly puzzled in the matter. It has come about in this wise: Something over two years ago, I was one day looking over some of the old numbers of the *California Medical Journal*, and giving special attention to Prof. Bundy's articles, when I became impressed with what he there wrote concerning *Squarrosa* in chronic malaria; and I determined to give it a thorough trial in my own practice. In casting about, however, for supplies of the drug, I found it very difficult to find any *Grindelia Squarrosa* in the market; and after using one brand—Parke, Davis & Co.—I found that there was marked dissimilarity between it and another article (manufacturer not identified), which I was obliged to take on account of scarcity of the brand first used. This article proved disappointing in effect, and as I had been impressed with what Bundy had written of the sophistication of *Robusta* for *Squarrosa*, and vice versa, by drug

houses, I became suspicious, and finally wrote to Dr. J. S. West, of Colusa, Cal., an old associate of Prof. Bundy, and asked him to send me some of the fresh plant, at my expense. He kindly responded, and sent me a gunnysack full, remarking, in a letter written at the time, that there were acres of it about Colusa. From this I made several pounds of tincture, and used it extensively in malarial cases, with better satisfaction than I had used any other remedy. I have thus employed two shipments of the fresh plant, and have learned to value *Squarrosa* above all other antimalarial agents I have ever used. Usually I employ the saturated tincture alone, though sometimes I find it to act better combined with an equal part of *chionanthus*—of course where *chionanthus* is specifically indicated.

During these manipulations I have become well acquainted with the taste of *Grindelia Squarrosa* in tincture, and supposed, until lately, that I would be able to distinguish it from any other drug in the world. Then there finally arose a really specific use for *Robusta*—a curative local application for malignant ulceration—and I began to apply myself to its use. Years ago, I tried it as a specific for asthma, and found it wanting. It has hardly been worth shelf-room to me until lately, though I have occasionally prescribed it locally for rhus poisoning; but when Dr. Cce's recommendation in malig-

nant ulceration was found to be so correct, there became a demand for it at the Hospital, and we have since used several pounds. Recently, I bought a pound of Merrell's green plant fluid extract of *Grindelia Robusta*, and, after reaching home, drew the cork and tasted it. To my astonishment and chagrin, it was the old familiar taste of *Grindelia Squarrosa*. I believed here was a sophistication without doubt, and returned the bottle to its former owner; and then bought a bottle of Lloyd's Specific *Robusta* at another pharmacy, but found upon opening and tasting it, which I did before I left the pharmacy, that it was identical (if there is any merit in a cultivated taste) with *Squarrosa*, as in the case of the Merrell preparation. However, as I had seen good effect in the condition named from Lloyd's, I kept it, and now wonder how it can be, that two varieties, that taste exactly alike, can possess such opposite properties as are ascribed to them.

Upon looking up the United States Dispensatory on the subject, I find that there is grave doubt about there being any distinction, botanically, between the two plants. All the differences claimed by some botanists are set aside as untrue by others. At the wind-up, it is clearly apparent that the writer believes there are not two varieties, but simply one. As to the taste, I would be willing to swear that my *G. Squarrosa* and the *Robusta* from the two houses just referred to are from the same source. Bundy, however, declares that *Robusta* grows on high ground, and that *Squarrosa* grows in

swampy locations. My supply of *Squarrosa* came from the low-lands about Colusa. Bundy, remember, was a botanist. So here the matter stands at present. At my leisure, I shall unravel the puzzle, and I would be glad to have any assistance that my readers may be able to render.

***Sanguinaria Canadensis* as an Emmenagogue.**

BY H. T. WEBSTER, M. D.

Eight or ten years ago—before *Dynamical Therapeutics* was written—I was called in haste one night to attend a woman who was flooding violently and dangerously, and who was, at the same time, suffering with the pains of an abortion at probably about the sixth or eighth week of gestation.

I remained with her during the night, as her husband would not hear to my leaving the house until everything was satisfactorily settled, and though I soon controlled the hemorrhage, the pains continued until morning before I was able to detach and remove the blighted ovum with the finger. Nowadays, a speedier method of relief might be adopted; but this was before the early use of the curette forceps and similar measures were so generally sanctioned.

However, during my stay, I learned something new; and that was, that the woman had brought on the miscarriage herself, with a preparation of blood-root and whiskey taken per mouth, and that she had done this several times before. I learned, also, that several of her acquaintances had followed her advice and example at divers times,

and had cut the period of gestation short in a similar manner. Moreover, before my experience was over in this quarter, I attended another alarming uterine hemorrhage in another family, brought on by the same cause.

Subsequently, I noticed that Hale called attention to this property of Sanguinaria in his New Remedies, and when I was writing on sexual therapeutics for my work, I stated that the drug would produce abortion, when used long during pregnancy, and recommended caution in its administration for other purposes, in such cases.

Two of our Eclectic medical Journals soon afterward contained allusions to the subject, and suggestions that the idea was an old tradition, or a fairy tale twice or thrice told. One argument adduced was that neither King nor Scudder had ever called attention to the fact, and that if such a property existed they would certainly have mentioned it. However, the whole matter was settled satisfactorily, for I stated the substance of the facts here set forth in an issue of the *California Medical Journal* soon afterward, and explanations followed. Now, I find that the toxicological action is quite well known in the far East, and that I was dealing with something not in the least new. William C. Hatch, M. D., of New Sharon, Maine, who has recently purchased a copy of *Dynamical Therapeutics*, in acknowledging its receipt, writes as follows:

"I notice you recognize the abortifacient properties of Sanguinaria Canadensis. This, I think, is not generally

known; but here, in staid New England, the physician frequently finds women who have the most implicit faith in the power of 'bloodroot and brandy' to induce abortion."

From subsequent experience with the drug, I am not particularly impressed with its therapeutic action, as an emmenagogue. There are better remedies in amenorrhœa. In fact it is quite patent that the physiological action of a drug does not always measure or determine its value therapeutically. Many agents manifest a marked selective influence upon parts—so violent as to disturb function severely—and seem to lack any desirable influence in disease. The study of physiological action then, while furnishing good indications in the study of new remedies, is not a satisfactory guide in therapeutic adaptation, in every case. Prolonged use and observation of clinical effect is essential, in order to find the correct place in therapeutics. Physiological action is simply a *suggestion* of the proper therapeutic sphere. It is undoubtedly an important aid, and a scientific means of ascertaining correct therapeutic data; but there must be a closer investigation, and a finer discrimination, when it comes to determination of all the therapeutic possibilities of an agent.

A Plain Question.

Kind friend, if Satan had his due,
Would I be here to pen
This trifling gingle, or would you
Be here to read it then?

ALUMNI AND PERSONALS.

Dr. H. W. Hunsaker asks us to correct our statement in last month's Journal about his riding on a blind and lame horse in San Jose; it was here in San Francisco. Please excuse us and *Equinus Limpusticus*.

Dr. M. H. Logan wants us all to know that he is now a high-muc-a-muc in the Masons; he was created a Knight Templar the other day, and here he has gone on a pilgrimage with the Knights East. It takes brains and money to be enabled to climb to a 32d Degree Mason and 13th Degree Knight Templar. Gee whiz, 45th Degree Mason!

We are pleased to report a steady improvement in the condition of Dr. Mattner's son. The Doctor's appetite has returned and the grotto has laid in a big stock of potatoes and pickles.

Dr. T. O. McSwain, the familiar McSwain of old, was in town during the last month and reports doing a land-office business in Visalia. He intends to buy out some of the banks down there soon, to get rid of his surplus coin.

Dr. H. B. Mehrmann is still running for Coroner of Alameda County. We most sincerely hope and wish that he may catch the hare, because much running is bound to reduce the Doctor's corporation, and that he surely does not want without recompense.

Dr. C. N. Miller will get himself into trouble, if he fails to write up the Socials and Entertainments at the Hospital. He should at all events give due credit to the kind ladies who got up the last successful benefit. Look out, Doctor, if the ladies get after you.

Dr. Veale, '97, leaves for Mexico this week. Good luck to you, Doctor, may you come out as well as you did with your class—top of the heap. The Doctor's mother will accompany him.

The only straight Eclectic, Dr. C. H. Walworth, '97, recently left for Kelseyville. The Doctor is a wrestler and bound to make things go. We expect soon to see the Doctor back and hope that he will bring with him that straight—spinal—meningitis walk, his stovepipe hat, his silk-lined gloves, that wonderful cord of wood in the shape of a cane, and plenty of twenties. Success to you, Doctor.

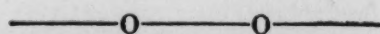
Dr. D. B. Plymire recently performed a difficult operation in uterine surgery at Maclean Hospital. He is painstaking and conscientious, and is building up a substantial practice in San Francisco. He is now located at the corner of 22d and Guerrerro Streets where he not long ago moved from Jersey and Castro.

Dr. M. M. Enos continues to supply Maclean Hospital with patients. He has recently sent two new ones from Oakland. This outdoes our older men there who complain that they cannot send their patients across the Bay.

CORDIAL

PAS-CARNATA

MERRELL.



This preparation contains all the active medicinal constituents of *Passiflora Incarnata* in concentrated form, and is the result of an extended investigation in our Laboratory. It is the most eligible form for exhibiting the valuable properties of the drug, since from it we have succeeded in eliminating the inert principles unvariably present in ordinary preparations of the market.

Testimonials re. Cordial Pas-carnata.

Spasm in Children. Nervousness and insomnia.

Dr. McAdow reports: I have prescribed the Cordial Pas-carnata in several cases of threatened spasm in small children. In my hands it has proven a splendid remedy. In a case of nervousness and insomnia in an old lady, a few doses acted like a charm.

In uraemic convulsions.

Dr. C. P. Hockett writes: Cordial Pas-carnata proved a boon to me in a case of uraemic convulsions.

Insomnia from physical exhaustion.

Dr. Samuel C. Smith states: Your advertisement in the Medical Mirror for November, page 26, and referring to Cordial Pas-carnata excites in me wonder that a preparation of this wide-spread usefulness has not been introduced to the medical profession before this. The therapeutic properties of the drug have been known to me for several years. It is first, a nerve sedative; second, a nerve tonic; a classification which, though strange, is nevertheless true. It is undoubtedly a hypnotic and acts as such in insomnia arising from physical exhaustion.

Teething children.

Dr. G. Spiegel writes: Your agent visited my office and, among other preparations, recommended to me your Cordial Pas-carnata. A patient was announced. A baby was brought in crying from restlessness and from teething. Here, I thought to myself, was an opportunity to try the Cordial Pas-carnata. I asked your agent for a sample, administered it on the spot with almost immediate beneficial results.

Sleeplessness of heart disease.

Dr. H. Neal writes: A few days ago your agent kindly left me a sample of Cordial Pas-carnata. I have used this in a case of sleeplessness of heart disease in which other remedies produced no effect. The cordial Pas-carnata brought such happy results that I shall continue to use it wherever indicated.

Insomnia of nervous temperaments.

The following personal letter, the original of which is on file in our office, is valuable testimony, "I am in receipt of your favor of the 6th, also the box of Cordial Pas-carnata recently ordered, for the prompt shipment of which you will kindly accept my most sincere thanks. Your Cordial Pas-carnata has become a household necessity with both my wife and myself. We are both of a nervous temperament and troubled with insomnia, and up to date I have been unable to find anything that will equal the Cordial Pas-carnata in the treatment of the above trouble."

Nervous irritation in women and children.

Dr. Jas. R. Dickens writes: "Your agent left with me a sample of your Cordial Pas-carnata, a preparation entirely new to our physicians. Its use thus far has not been extended, but as a remedy for allaying nervous irritation, especially in women as well as for teething children, I find the Cordial meets a want in my practice which I have long desired to fill.

Prices Current and Printed Matter Cheerfully Supplied.

The Wm. S. Merrell Chemical Co.,

CINCINNATI.

NEW YORK.

NOT PRICE BUT QUALITY.

Look for the Green Label on all Fluid Extracts from Green or Fresh Drug

"Green Drug"

Fluid Extracts.

THE PERFECTION OF PHARMACEUTICAL SKILL.

A Novelty--in What?

In the recognition of the fact that certain drugs, containing volatile constituents upon which their therapeutic value depends, lose their medicinal properties in the process of drying, or through long or imperfect storage.

In all such cases,

We use the *green or fresh root, bark or plant*, gathered especially for us when in their prime.

Some kinds are prepared fresh;

Others partially or wholly dried;

But all gathered especially for our Laboratory; carefully handled and immediately prepared into Fluid Extracts. The menstruum employed is *Alcohol* selected for *strength and purity*, whereby the non-medicinal elements are rejected and the liability to deterioration avoided.

Fluid Extracts *thus prepared* are perfect representatives of the drugs from which they are made.

They are clean.

They are sightly.

They are easily dispensed.

They are therapeutically reliable.

Old, shop worn or worm-eaten drugs, however carefully manipulated, will not yield a satisfactory product, and when made with weak alcohol and water, or with wood spirit as a menstruum, is it any wonder that commercial Fluid Extracts, as a class are termed by a leading medical writer—the "Great American Fraud?"

Watch Your Fluid Extracts.

Merrell's Fluid Extracts from fresh choice drugs are powerful instrument for good in the hands of the observant physician.

All wholesale druggists will supply them.

Please write "MERRELL'S" on your orders.

THE WM. S. MERRELL CHEMICAL CO.,

CINCINNATI.

Manufacturing Chemists,

NEW YORK.

SOLE MANUFACTURERS.

Established 67 years.

CALIFORNIA MEDICAL JOURNAL.

Published by the California Medical College.

DR. C. N. MILLER, Managing Editor.

Terms: \$1.50 per annum. In Advance.

The Editor disclaims any responsibility for the statements or opinions of contributors.

EXPRESSION IS ESSENTIAL TO GROWTH. WE CORDIALLY INVITE ALL ECLECTIC PHYSICIANS WHO WOULD KEEP ABREAST WITH THE TIMES TO MAKE FREQUENT USE OF OUR COLUMNS.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed and money orders be made payable to the

CALIFORNIA MEDICAL JOURNAL,

1422 Folsom Street,

San Francisco

California.

Editorial.

A Travesty on Chionanthus.

Not long ago, I received a pamphlet from a St. Louis drug house, containing laudatory testimonials of a "new preparation" for the liver, called Chionia. The name and the therapeutic application reminded me strongly of our old chionanthus, in use by Eclectic physicians for the last thirty years. The pamphlet was entitled, "Biliousness and its Treatment." The author is undoubtedly an allopathic physician, and the recommendation of chionia as a new remedy by him to those who have used chionanthus for almost a third of a century for similar purposes, is a comical situation for all hands. It is almost like the volunteered information to a live Yankee that the Revolu-

ary War is over, or that General Washington is dead.

It may be that there are those who have never heard of chionanthus, or cactus, or phytolacca. Many of them have learned of these things through the proprietary preparations (chionia, cactina, and phytoline) which have been advertised so widely within the past few years. Manufacturing drug houses have been educators of the allopathic school; and, if they continue, they will yet modernize it to some extent; for the allopaths, though very ethical, love to prescribe proprietary compounds.

But compounders are wasting ink and paper when they send their advertisements to modern Eclectics. These physicians prefer to use their remedies first hand and do their own prescribing. Manufacturing pharmacists are usually better prescribers than average allopathic physicians, but they commonly draw their inspirations from Eclectic sources, and cannot logically expect to find a following in that quarter.

It is therefore something of a travesty on chionanthus to send advertisements of "chionia" to Eclectic physicians.

H.T.W.

Eudoxine.

In the new edition of Dynamical Therapeutics I refer to this remedy, but state that I am ignorant as to its source. Later, I have learned that it is a combination of bismuth and iodine. Prof. Gere has prescribed it at the Hospital on numerous occasions as a

remedy for intestinal fermentation, and the results seem to be uniformly satisfactory. It seems to me to be best adapted to chronic cases, where there has been long-standing intestinal irritation. Chronic diarrhœa, flatulency from gastric torpor, and burning and pain in the alimentary canal, call for it. Its cases are marked by sensitiveness of the gastro-intestinal mucous membrane.

It is an antiseptic which is not dissolved in the stomach, but which passes into the intestine, where the iodine is liberated. Its best effects are therefore to be expected in intestinal disturbances.

The dose is five or six grains, to be repeated three or four times daily. It may be taken in a little water.

This notice requires some apology, as we do not usually recommend secret remedies, though we may sometimes do so by proprietary ones.

H.T.W.

A Change of Editors.

The *American Medical Journal* has changed editors, Prof. M. M. Hamlin being substituted for Prof. E. Younkin, who has officiated so long and acceptably. Prof. Younkin is an old landmark in Eclectic Medicine, and his efforts to advance our general interests have been able and dignified. We shall miss him, even though the new incumbent prove all that we expect, a powerful and entertaining writer. After all, there is nothing like the treadmill of journalism to develop latent energies. The new incumbent, Prof. Hamlin, has the best wishes of the *California Medical Journal*. H.T.W.

Prof. Ellingwood's Coming Book.

I have been permitted to examine some of the advance proof-sheets of Prof. Ellingwood's coming work on therapeutics, and believe it will be one of the most scientific books ever written by an Eclectic author. The work is to be confined largely to the old standard Eclectic remedies, but many new things will doubtless be dug out of these, which will make them more useful to us all. I have found foraging around among remedies outside our exclusive field, i. e., if we possess an exclusive one, so remunerative that I have not given all the attention here that I ought, perhaps. Prof. Ellingwood has supplied that deficiency.

In a recent communication, he remarks: "I was thinking, while coming down town this morning, that your book would make an almost essential companion for mine, as Eclectics are using triturations and dilutions so largely for their dynamic effects; and this is your line, while mine is physiological action, almost exclusively. I say almost nothing about such remedies as the calcaria, silica, ferrum phos., etc., and do not even refer to Schuessler's remedies, but enlarge fully on the old Eclectic remedies.

"I think the student will find that both the books are necessary, and that they will go well together."

The issue of the work is promised for December next. H.T.W.

True to First Convictions.

From a communication received from Drs. J. Hull & Son, Hicksville Ohio, dated September 21st, I learn that

they still admire Rhamnus Cal. as a remedy for rheumatism. They were among the first ones to make inquiries for the bark after my introductory article on it, and the senior member of the firm wrote an article commending it highly a few months after first trial with it, which was published in the *American Medical Journal*.

In the recent communication the writer says: "the Rhamnus Cal. bark is one of the finest remedies we have for rheumatism; and its companion, Jaborandi, cannot be beaten." As both are my remedies, I think no one will question their "Eclecticity" unless they question mine, which, by the way, might be the case.

H.T.W.

Hospital Notes.

Dr. J. C. Andrews has removed from Los Angeles, Cal., to Glendale, Arizona. The Doctor has been a very acceptable Journal correspondent for many years past, and we hope to hear from him often hereafter. He is a good observer of drug action, and is strictly up to the times in therapeutics. He has recently been investigating Rhamnus Cal.

Prof. M. H. Logan has gone on a flying trip to New York. He will take in the Knight Templars' Conclave on the road. Two trips East in one season is rather extravagant these hard times, but Logan can stand it. He was our representative at the National, in Omaha, this year. He has ever been loyal to Eclectic interests. He is an Eclectic because he is proud of the *principle*.

Dr. J. E. Daly, of Porterville, Cal.,

recently sent a patient to Maclean Hospital. The Doctor is reported as doing a good business since his location there—in fact, all our boys are doing well, who follow the instructions of their Alma Mater and attend to business in a business-like way.

Dr. J. B. Clifford, of San Francisco, a graduate of '94, has a patient at Maclean Hospital at the present writing. Enterprise and perseverance bring substantial results. The Doctor is prosperous, and he prospers as an Eclectic and under Eclectic principles. In fact, modern Eclectic doctors are all riding on the popular wave. Recently, a homeopathic practitioner of our acquaintance was heard to remark that it was astonishing how quickly an Eclectic graduate could build up a business after beginning practice. It is the *college training* that counts in these matters, as all who have given the subject close attention will admit.

H.T.W.

Massachusetts Eclectics.

Our Journal is indebted to Dr. Pitts Edwin Howes, Boston, Secretary of Mass. E. M. Society, for a copy of the 37th Annual Publication of the Societies Transactions, '98. From it we judge that Eclectics are giving a good account of themselves in the old Bay State, and that the cause is flourishing.

New York Eclectics.

The head center of the New York boys is the Eclectic Medical College of the City of New York. Session of '98 and '99 opened September 27th. The school has a live, hard-working faculty,

and is up to date in the work of extending progressive medicine.

Electric Hemostat.

Successful demonstrations are reported to have been given in London by Lawson Tait with his electric hemostat, an instrument which, as the name denotes, is intended for the arrest of bleeding in surgical operations. A platinum wire, arranged to carry a current, is inclosed in the blades of a pair of steel forceps or any other requisite utensil, the wire being insulated by a bed of burnt pipe clay. In practice, a current of suitable voltage is turned on, the artery seized and compressed, and in a few seconds the tissues and arterial walls are so agglutinated that the passage of blood is rendered impossible. The temperature employed is about 180° Fahr., showing a great difference between this and the electrical cauterizing instruments, and the necessity of a ligature is removed.—*Scientific American*.

The Journal acknowledges the receipt of a very pleasant letter from Prof. Kinnett, M. D., of Yorkville, Ill.

H T. W.

Money Talks.

Nothing is more eloquent, nothing more forcibly expresses a doctor's appreciation of our efforts to help Eclecticism (with a big "E") than the kindly, hearty jingle of his pocket-book. Give us a little "talk," doctor, about a dollar and a half long, and we will call it square to '99. Jingle up.

Removal.

Cincinnati, O., Sept. 12, 1898.

Dear Editor:

I am now located in room 105 Odd Fellows Temple, where I will be pleased to meet any of Our Journal boys at any time they are in the city and can conveniently call upon me. Specialty, eye, ear, nose and throat.

Fraternally,

Kent O. Foltz, M. D.

For Sale.

White's Physiological Manikin	\$10.00
Pozzi Gynæcology ii Vol.	5.00
American Text Book of Gynæcology.	3.50
Morrow Atlas of Skin and Venereal Diseases.	15.00

All in good condition.

Address,

Dr. A. Vesper,
Seattle, Wash.

Western Surgical and Gynaecological Association.

The eighth annual meeting of the Western Surgical and Gynaecological Association will be held at Omaha, December 28 and 29, 1898. Titles of papers from some of the leading surgeons of the West are already in the hands of the secretary, and the coming meeting promises to be the most interesting yet held. The local committee of arrangements at Omaha is actively preparing for the entertainment and comfort of those who attend. Surgeons and gynaecologists, and those interested in the progress of these specialties, are cordially invited to at-

affiliate themselves with us. The secretary will be glad to send application blanks. Titles of papers should be sent to the secretary as soon as possible, but not later than November 20, to insure a place on the program.

Geo. H. Simmons, Secretary,
D. S. Fairchilg, Pres., Lincoln Neb.
Clinton, Ia.

New Excerpts on Dynamical Therapeutics.

"Dynamical Therapeutics arrived this morning. It is a jewel."—A. M. Field, M. D., Tulare, Cal.

"I have looked over the work, and think it is all right. I am satisfied that it is six dollars well invested. I thank you for your promptness in sending the book. I hope you will have a good sale for it. I will recommend it to all my medical friends."—H. L. Henderson, M. D., Sacramento, Cal.

"The Pharmacological Excerpts, as well as the following pages, will doubtless be highly appreciated by others, as well as myself."—O. S. Laws, M. D., Los Angeles, Cal.

"I have been reading your work,—a borrowed copy—and I like it very much. I find it a valuable aid in my college work."—M. M. Hamlin, M. D., Professor of Materia Medica and Therapeutics in the American Medical College, St. Louis.

"I have seen, by the *California Medical Journal*, that you are revising your work on Therapeutics. If this is so, I want a copy, just as soon as it is issued. I have a copy of your other edition, and admire it, and use it in teaching in

Bennett."—W. E. Kinnett, M. D., Professor of Materia Medica and Therapeutics in Bennett Medical College, Chicago.

And still they come.

Publisher's Notes.

Mallery.

Look well to your instruments. If they do not suit you, consult Mallery the instrument man. Crocker Building, San Francisco.

Distilled Water Company.

Doctor, water is almost an universal solvent; after contact with the earth it is always charged with impurities. Water that has been on the ground is no longer fit for the human stomach. Have you noticed it? Distilled water furnished your patients in 5 gal. lots for 50c, delivered.

Salo-Sedatus.

I consider Salo-Sedatus the best antipyretic I ever used. It is more than it is claimed to be. I find it invaluable in the treatment of Headache, Puerperal Fever, Typhoid Fever, Rheumatism and Neuralgia. There is nothing like it to relieve pain and reduce body temperature when above normal. I shall continue to use it.

Williamstown, W. Va. Dr. L. Lawson.

Hepatic Tablets.

(Waterhouse.)

R Chionanthus gr. iij., Leptandrin gr. j., Irisin gr. $\frac{1}{2}$.

These Tablets are suited to many Morbid Conditions of the Liver and

Digestive Organs, as will be noted from the above formula.

Dose.—One to two tablets. Price per oz., 35 cts.

Rheumatism Time.

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The following suggestions for the treatment of La Grippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness, give a five grain Antikamnia Tablet, crushed, taken with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single ten-grain dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and meet the indication for a tonic, are Antikamnia and Quinine Tablets, each containing $2\frac{1}{2}$ grains Antikamnia and $2\frac{1}{2}$ grains Quinine. One tablet, three or four times a day, will usually answer every purpose until health is restored. Dr. C. A. Bryce, Editor of *The Southern*

Clinic, has found much benefit to result from five-grain Antikamnia and Salol Tablets in the stages of pyrexia and muscular painfulness, and Antikamnia and Codeine Tablets are suggested for the relief of all necroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract, there is no better relief than one or two Antikamnia and Codeine Tablets, slowly dissolved upon the tongue, swallowing the saliva.

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Book Notes.

Dynamical Therapeutics. A work devoted to the Theory and Practice of Specific Medication, with Special Reference to the Newer Remedies; with a Clinical Index, Adapting it to the Needs of the Busy Practitioner; by Herbert T. Webster, M. D., Prof. of the Principles and Practice of Medicine and Pathology in California Medical College; formerly Editor of the California Medical Journal; with Notes on Practical Pharmacy by Prof. J. U. Lloyd, and Therapeutics of the Eye and Ear by Prof. Kent O. Foltz, M. D. Second Edition, Revised and Enlarged. By mail, cloth, \$5.00; $\frac{1}{2}$ Mor., \$6.00. Webster Medical Publishing Co., 230 Douglass St., San Francisco, Cal.

It is hardly possible to condense the good things of a book of nearly a thousand pages, treating of the most intricate and interesting problems of medicine, into a review notice of a few dozen lines.

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An Abridged Therapy. Manual for the Biochemical Treatment of Disease. By Dr. Med. Schuessler, of Oldenburg. Twenty-fifth Edition, in Part Rewritten. Translated by Prof.

Louis H. Tafel. Philadelphia; Boericke & Tafel. 1898. Price, cloth, \$1.00, by mail, \$1.07.

Of this practical little book the publishers say: "It was our intention, and Dr. Schuessler's wish, that nothing should go into this translation of the *Abgekürzte Therapie* save what is to be found in the original. At his request we waited until the 25th edition of the German was published, which differs materially from preceding editions, and have now made our translation in accordance with his desire to have what he wrote on the subject of biochemistry, nothing more and nothing less, given to the English-speaking world; something, he claimed, that had never been done before. The author's death, however, following immediately on the completion of his work, has caused us to so far depart from his request as to insert, as a preface, a short account of his life and to give a *fac simile* of one of his letters. Otherwise, the book is a strictly literal translation of the 25th edition of his work, and the only authorized translation of this work on Biochemistry published."

The Recovered Continent. A Tale of the Chinese Invasion, by Oto Mundo. A Story of an Idiot with a Big Head who lead the Chinese out to Capture the World. Illustrated. Columbus, Ohio. The Harper-Osgood Co. 1898. Paper, 25c.

This book belongs to the class, extravaganza, and is an interesting one with which to while away an idle hour.

The author modestly claims that the cost of a copy is the most paying investment the skill of man has ever devised.

King's American Dispensatory—New Edition. Entirely rewritten and enlarged, by Harvey W. Felter, M. D., Adjunct Prof. of Chemistry in the Eclectic Medical Institute, Cincinnati, O.; Co-editor Locke's *Materia Medica and Therapeutics*; Pres. Ohio State Eclectic Med. Association; etc., and John Uri Lloyd, Ph. M., Prof. of Chemistry and Pharmacy in the Eclectic Med. Institute, Cincinnati, O.; formerly Prof. of Pharmacy in the Cincinnati College of Pharmacy; Ex-President of the American Pharmaceutical Association; Author of the *Chemistry of Medicines*; *Drugs and Medicines of North America*; *Etidorpha*; etc. Two vol. edition, royal octavo, each vol. containing over 950 pp. with complete Indexes. Cloth \$4.50 per vol. post-paid. Sheep \$5.00 per vol. post-paid. Vol. I now ready. The Ohio Valley Co. Publishers, Cincinnati, O.

This issue has been *entirely rewritten*, and is the standard dispensatory of the Eclectic school, first issued in 1854. This is the eighteenth edition of the work and third revision of this dispensatory, and it occupies the same position in the Eclectic school of medicine as the National or United States dispensaries in the allopathic school.

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(Review more at length next month.)

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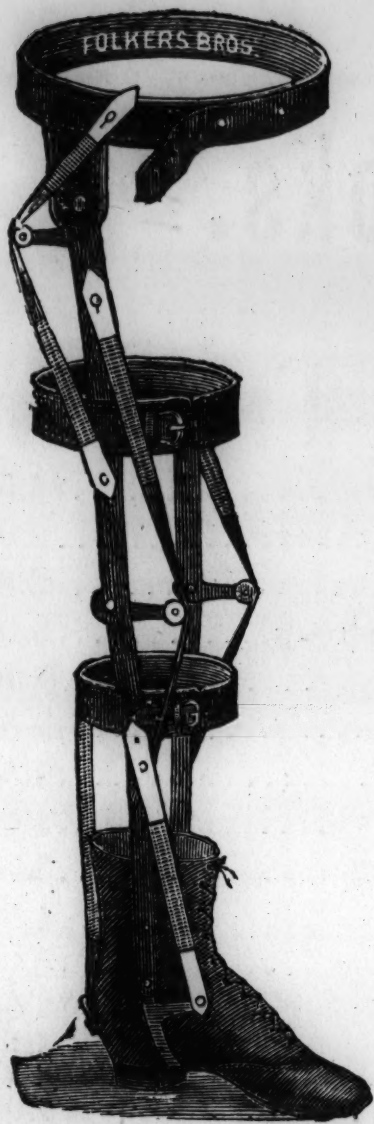
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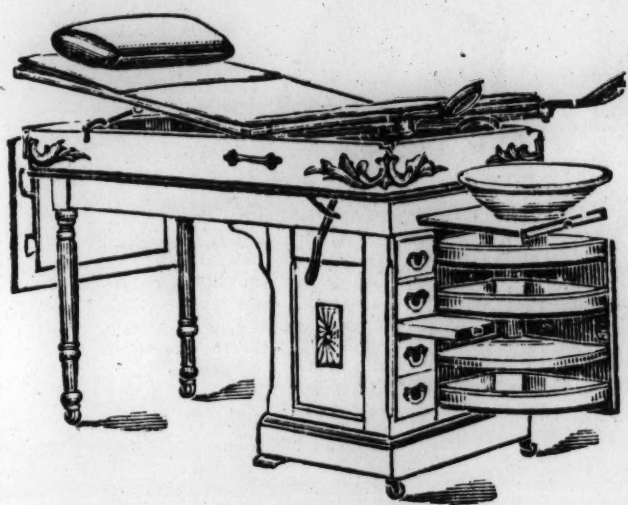
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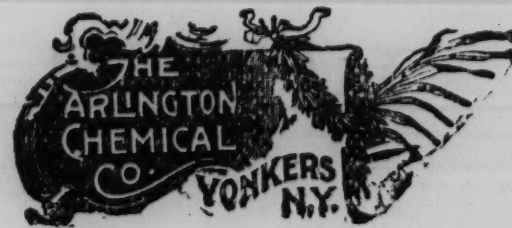
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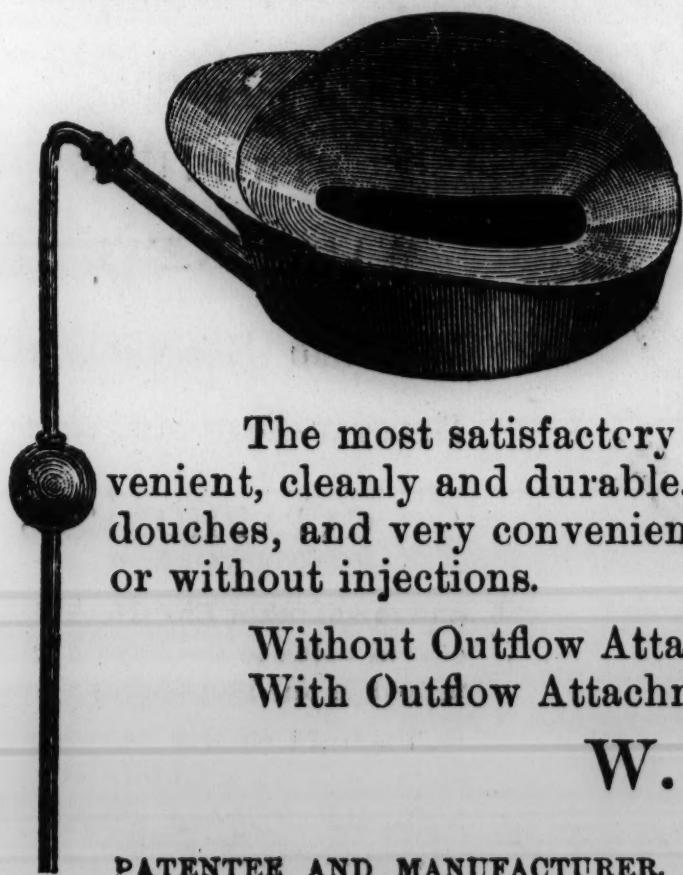
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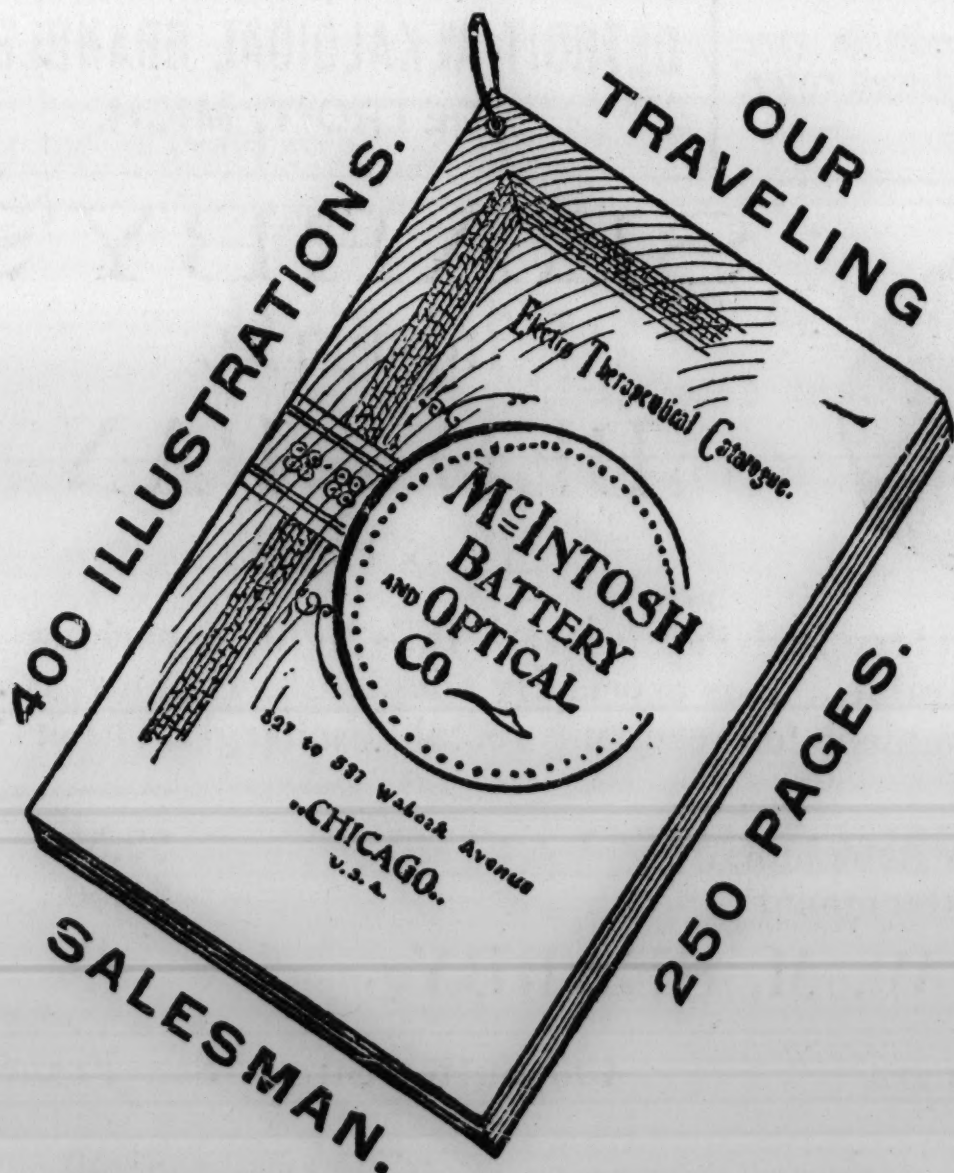


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